



AFFORDABLE CARE ACT

The Navigator Program

The Affordable Care Act requires every Health Insurance Marketplace to establish a Navigator program to help consumers and small businesses understand their new coverage options and find affordable coverage that meets their health care needs. The Navigator programs are permanent. Once they are up and running, the funding for the Navigator programs will come from Marketplaces' operating funds.

The Marketplaces must use at least two types of Navigators – one of which must be a community-based, consumer-focused nonprofit organization. The other type might be a trade association, licensed agent or broker who is not compensated for selling health insurance, or other entity with a relationship to the populations likely to be eligible for Marketplace coverage. Strict standards have been proposed to ensure that Navigators cannot have a conflict of interest. Also, all Navigators must complete an HHS-approved training program and pass exams to ensure appropriate understanding.

On April 9, 2013, HHS announced a Funding Opportunity Announcement of \$54 million for Navigator grants for the 34 states without State-Based Marketplaces. Grants to a state will range from \$600,000 to \$8.1 million depending on the number of eligible uninsured in that state. The due date for applications is June 7, 2013 and it is estimated that the grants will be awarded on August 15, 2013.

State-Based Marketplaces are using state funds to get the Navigator program up and running. (Many State-Based Marketplaces and State Partnership Marketplaces are also using Exchange Establishment Grant funds to fund in-person assistance programs as temporary programs in 2013 and 2014 to meet consumer assistance needs, until the Navigator program in their state is fully established.)

What Navigators Will Do:

- Raise awareness about the Marketplace
- Provide unbiased information about enrollment
- Help consumers understand health plan differences and help submit consumers' choices to the Marketplace
- Provide culturally and linguistically appropriate information
- Provide referrals to any Consumer Assistance Program or other health insurance ombudsman program in the state

Conflict of Interest Standards for Navigators:

- Navigators may not receive consideration directly or indirectly from issuers or subsidiaries for enrolling people in a health plan inside or outside the Marketplace
- Issuers of stop loss insurance and subsidiaries cannot serve as Navigators
- Navigators must submit a plan for ensuring they remain free from conflicts of interest